



**THE RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009  
RYAN WHITE PART A**

**FY2017**

**Contract Period: March 1, 2017 – February 28, 2018**

**REQUESTS FOR PROPOSALS**

**FOR**

**BENEFITS ADMINISTRATION:**

Outpatient/Ambulatory Health Services, Oral Health Care, Linguistics Services, Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals, Medical Transportation, Database Administration (e.g. client-level database)

**RFP OPENING DATE: November 14, 2016**

**RFP CLOSING DATE: January 13, 2017**

**City St. Louis Department of Health  
Grants Administration Office  
1520 Market Street – Rm 4027  
St. Louis, MO 63103  
(314) 657-1556**

**Note: If this RFP was downloaded from the City of St. Louis RFP Website each applicant must provide contact information to the RFP contact person in order to be notified of any changes in this RFP document.**

# **NOTICE**

## **BIDDER'S PRE-APPLICATION CONFERENCE**

### **FY2017 BENEFITS ADMINISTRATION REQUEST FOR PROPOSALS**

#### **ATTENDANCE RECOMMENDED** **PLEASE RSVP!**

**DATE:** Friday, December 2, 2016

**TIME:** 1:00 P.M. – 3:30 P.M.

**LOCATION:** City of St. Louis Department of Health  
1520 Market Street Room 4051  
*Large Conference Room*  
St. Louis, MO 63103

**CONTACT:** Mr. Phillip Johnson  
City of St. Louis Department of Health  
Grants Administration Office  
1520 Market Street – Room 4078  
St. Louis, MO 63103  
314-657-1556

#### **Estimated Schedule:**

Date/Time	Activity
Monday, November 14, 2016	Request for Proposal Released
Wednesday, November 30, 2016	Deadline for Pre-Bidder's Conference Questions
Friday, December 2, 2016	Recommended Pre-Application Conference
Wednesday, December 14	Deadline for Final Questions
Friday, January 13, 2017 @ 4:00 PM	Due Date for Applications
Thursday, February 16, 2017 @ 2:00 pm	Selection by Professional Services Agreement Committee
Wednesday, March 1, 2017	Contract Start Date
Wednesday, February 28, 2018	Project Completion Date

**THE RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009  
RYAN WHITE PART A**

**APPLICATION FOR FUNDING  
FOR  
BENEFITS ADMINISTRATION**

The **BENEFITS ADMINISTRATION** Request for Proposals reflects the components each applicant must address to demonstrate their expertise and capacity to successfully fulfill the objectives and deliverables associated with coordinating Ryan White Part A services, verifying client eligibility, reporting, fiscal administration, and ensuring payer of last resort/revenue requirements for persons living with HIV/AIDS through HRSA defined service categories. Proposals must be submitted following the format requirements, address each of the application components, and contain all required attachments to be considered for review.

**1. APPLICATION FORMATTING REQUIREMENTS**

Request for Proposals (RFP) may be obtained beginning Monday, November 14, 2016 from Phillip Johnson at the City of St. Louis Department of Health, Grants Administration, 1520 Market St. – Room 4027, MO 63103, or downloaded from the St. Louis City website at <http://www.stlouis-mo.gov/government/procurement.cfm>, or by contacting Mr. Johnson at (314) 657-1556 or [JohnsonP@stlouis-mo.gov](mailto:JohnsonP@stlouis-mo.gov).

All questions must be submitted in writing no later than Wednesday, November 30, 2016 to Maggie Hourd-Bryant, Grants Administrator, City of St. Louis Department of Health, 1520 Market Street – Room 4027, St. Louis, MO 63103 or via email [Hourd-BryantM@stlouis-mo.gov](mailto:Hourd-BryantM@stlouis-mo.gov). All questions will be responded to in writing to all parties having attended the pre-application conference.

One (1) bound original, five (5) paper copies bound, one (1) copy unbound, and one (1) CD in Microsoft Word or PDF of the proposal must be submitted to the Grants Administration office by 4:00 p.m. Friday, January 13, 2017. **Late or incomplete proposals will not be accepted.** Applicants must adhere to the following:

- Applications must be in English
- Use 12-point font
- Use 8.5 by 11 inch white paper that can be photocopied
- Top, bottom, left, and right margins may not be less than one inch each
- Text may be either 1.5 or double-spaced
- Each copy must contain a Table of Contents
- CD must be properly formatted and be able to be read by Department of Health computers using Microsoft Word 95, 97 or XP. ***NOTE: CD must contain the same information as original paper copy, i.e., (draft RFP's and resulting contracts, draft participation agreements and sole source contracts, organizational chart, resumes of key staff, most current financial statement, documentation of not for profit status, letters of support, current business license, etc.).***

## II. SERVICE CATEGORY DESCRIPTION, CONTRACTOR QUALIFICATION REQUIREMENTS

### BENEFITS ADMINISTRATION

**TOTAL TO BE AWARDED: \$1,513,920**

*FY2017 – FY2018 Grant Award*

**Please note:** This is an estimated amount for the award. Final funding levels for FY2017 have not been established. The actual service category award amount will be based on the actual amount awarded to the St. Louis Transitional Grant Area and based on the St. Louis HIV Services Planning Council's Resource Allocations.

Part A of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program) provides emergency assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely affected by the HIV/AIDS epidemic. This funding is awarded to the City of St. Louis by the Health Resources Services Administration (HRSA) under the U.S. Department of Health and Human Services. Part A funding provides both core medical and support services to individuals with HIV/AIDS in order to enhance access to and retention in care.

The St. Louis TGA	
<b>Missouri Counties:</b>	St. Louis City, St. Louis County, St. Charles, Franklin, Jefferson, Warren and Washington
<b>Illinois Counties:</b>	Clinton, Jersey, Madison, Monroe, and St. Clair

The Grants Administration is seeking applicants that can coordinate benefits administration, database administration, fiscal intermediary services, other fiscal services, and quality management services primarily for the Missouri portion of the TGA. Coordination and parity of services may be required for the Illinois counties of the TGA. The current service category priorities for the Missouri portion of the TGA are listed below with the estimated FY 2017 award amounts. The categories and funding are subject to change pending the final award from HRSA and the Planning Council's (PC) priority and allocation decisions.

**Benefits Administration:** The selected applicant shall serve as the benefits administrative agent for the TGA's network of providers, which requires soliciting providers, reviewing applications, executing contract awards, and monitoring vendor performance. The system is necessary to ensure coordination of referrals from Medical Case Managers (MCM), Resource & Referral (Non-medical Case Managers), and Direct Enrollment Specialist(s), verifying client eligibility and providing service delivery to clients. The applicant will need to develop an information and claims management system comprised of software and associated programming, and supporting hardware necessary to provide fee-for-service applications, billing, Medicaid authorization and reimbursements. Funds provided to the selected applicant for Part A shall not exceed the total contract award amount stated above (which includes the administrative costs of 7%) for reimbursement for payment of authorized services and to allow and support the contractor's issuance of checks for payment to participating providers and vendors consistent with the terms of this Agreement.

**Database Administration:** The selected applicant would need access to a client-level database capable of sharing client-level data, facilitating coordination of care, easy monitoring, which will improve health outcomes. The database would need to have security features that protect the names of clients and records stored in the system. For example, information would be encrypted during transmission and again through a central database.

**Fiscal Intermediary services**, as defined by HRSA, are the provision of administrative services to the Grantee of record by a pass-through organization. The responsibility of these organizations may include the following:

- Determine the eligibility of Ryan White recipients;
- Decide how funds are allocated to recipients as payor of last resort;
- Award Ryan White funds to recipients for persons living with HIV/AIDS;
- Monitor recipients for compliance with Ryan White specific requirements;
- Complete HRSA required reports including RSR information;

**Other fiscal services** are the receipt or collection of reimbursements on behalf of health care professionals for services rendered or other related fiduciary services pursuant to health care professional contracts.

**Administration:** A portion of the award (up to 7%) may be used for administrative activities further defined in the budget section.

FY 2017 Estimated Service Category Award Amounts	
SERVICE CATEGORIES	AMOUNT
<b>CORE MEDICAL SERVICES</b>	
1. Outpatient/Ambulatory Health Services	\$561,000
2. Oral Health Care	\$765,000
3. Health Insurance Premium & Cost Sharing Assistance for Low-Income Individuals	\$15,000
<b>SUPPORT SERVICES</b>	
4. Linguistics	\$1,020
5. Medical Transportation	\$96,900
6. Database Administration	\$75,000
<b>Total Core and Support Services</b>	<b>\$1,513,920</b>

## **SERVICE CATEGORY DEFINITIONS:**

**The following are the service category definitions as defined by HRSA for the currently prioritized service categories:**

### **OUTPATIENT/AMBULATORY HEALTH SERVICES:**

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

### **ORAL HEALTH SERVICES:**

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

### **HEALTH INSURANCE PREMIUM & COST SHARING ASSISTANCE FOR LOW-INCOME INDIVIDUALS:**

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) - <https://aidsinfo.nih.gov/guidelines>, treatment guidelines along with appropriate HIV outpatient/ambulatory health services
- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective

The service provision consists of either or both of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
- Paying cost-sharing on behalf of the client

**LINGUISTIC SERVICES:**

Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

**MEDICAL TRANSPORTATION SERVICES:**

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

**III. CONTRACTOR QUALIFICATIONS:**

***The Benefits Administrator (BA) shall:***

- 3.1 Collaborate with and provide information, expertise, and support to Grantee, the Planning Council and other advisory bodies as requested by the Grantee to facilitate the identification, assessment, and prioritization of client and service delivery needs, strategic planning, the determination of program eligibility standards and operating procedures, and the evaluation of program effectiveness in meeting the needs of the clients and people living with HIV/AIDS (PLWHA) in the St. Louis Transitional Grant Area (TGA). The BA shall have staff at a sufficient level to fulfill the requirements of this contract.
- 3.2 Enroll and contract with providers to ensure the availability of all approved Program Services categories for eligible clients in the St. Louis TGA.
  - 3.2.1 The Benefits Administrator shall ensure that all medications be dispensed within five calendar days of authorization by the Contractor. The BA shall also ensure that authorization and pharmaceutical services are reasonably available at all times in case of emergency.
  - 3.2.2 The BA shall ensure that all subcontractors shall adhere to all program requirements and standards outlined in this contract necessary to successfully perform the program functions being subcontracted, including data collection and reporting.
  - 3.2.3 The BA shall monitor the performance of all subcontractors for compliance with the requirements of this contract, adherence to program guidelines, and data collection/reporting requirements. Monitoring may include: on-site visits; reviews of subcontractor data, records, and procedures; and ongoing evaluations of subcontractor invoices and reports, service delivery practices, and any complaints by clients or service providers. The findings of all subcontractors monitoring shall be kept on file by the BA and be made available for review by Grantee.
  - 3.2.4 The BA shall provide, as requested by any subcontractor, technical assistance relating to the terms of the contract or subcontract, applicable program regulations and procedures, and service delivery requirements.

- 3.3 Establish and maintain automated accounting and data collection system which shall be used to:
- a) Collect and analyze client demographic information including name, DCN, date of birth, address, sex, race, diagnosis, income level, assigned case manager, other eligibility criteria as specified in program policies and procedures provided by the Grantee, data elements required for reporting to HRSA, and the outcome indicators or markers as established by the Grantee.
  - b) Control and monitor overall contract authorizations and expenditures by service category and provider.
  - c) Track expenditures by an assigned authorization number, date of service, and client name/DCN.
  - d) Collect utilization data for each service category.
  - e) Collect and coordinate utilization data for each formulary medication as follows: prescription number and date, manufacturer, National Drug Code (NDC), participating pharmacy, aggregate unit's prescribed, refilled, and dispensed, aggregate costs, and number of clients receiving the medication.
  - f) Provide the Grantee with monthly reports of expenditures by service category, balance of annual service category budget, year-to-date expenditures, the unduplicated count of clients accessing each service category to date and cumulative year to date, and units provided for each service category per month and year to date.
  - g) The BA shall provide all other reports as set forth in the contract.
- 3.4 The BA shall be responsible for making all reasonable efforts to perform the following duties with respect to the eligibility determinations for potential clients:
- (a) House and maintain the client level data system in which case managers record eligibility data that DOH may access and query. Such eligibility data available shall include the Eligible Client's: (i) name and/or ID number; (ii) DCN; (iii) assigned case manager; (iv) date of birth; (v) address; and (vi) gender, race, income level, and other eligibility criteria as specified in Program policies and procedures.
- 3.5 The Benefits Administration shall base approval/denial on case management referral, provider driven service request, benefits/limits specific to the service category, and the availability of funding to support approval of each transaction. Those service categories not subject to approval prior to delivery will be managed through close monitoring of invoices to identify expenditure/utilization trends to ensure expenditures fall within service category budgetary limits.
- 3.6 Develop, and continually update as needed, procedures in collaboration with and for the approval of the Grantee for the client enrollment, referral, and prior approval processes.
- 3.7 Pay legitimate claims from providers in a timely fashion. This includes both claims from the provider network as well as approved invoices sent from Grantee for payment.
- 3.8 Submit timely invoices to the Grantee that meet the requirements of this contract for the reimbursement of program expenditures.



3.9 Within 30 days of the effective date of this contract, the BA shall provide the Grantee with a listing of all subcontracts, provider agreements, and memorandums of understanding that have been secured by the Contractor to facilitate the objectives of this contract. The BA shall supply the Grantee with any additional such subcontracts, provider agreements, and memorandums of understanding that are entered into within 30 days after they become effective.

4.0 The Benefits Administrator (BA) shall process all client referrals as follows:

The BA shall process client referrals in a manner consistent with ensuring payer of last resort. This process must be accurate and timely to ensure proper service delivery. The BA will review client enrollment and referrals to ensure the information is properly and accurately completed, including a DCN and any other pertinent client information within two (2) working days of receipt. The Contractor will contact the case manager by *phone or in writing* within two (2) working days of receipt to obtain missing data on any incomplete information.

4.1 The Benefits Administrator shall comply in a timely manner with reporting requirements and requests for information received from the Grantee. Data to be maintained by the BA shall, at a minimum, include the following:

- a) Each client's name, date of birth, DCN, sex, race, mode of transmission, diagnosis status, address, and income, assigned client's case manager;
- b) Services received by each client, date each service was received, and amount expended for each service transaction;
- c) Drug utilization data for each client receiving medications; and
- d) Other data elements required for federal program administrative reports

5.0 The Benefits Administrator shall be responsible for developing a network of Participating Providers who will render Part A Benefits to Eligible Clients under the Program. The aforementioned network development responsibilities shall include recruitment, negotiation, contracting and credentialing of all Participating Providers. In addition, the BA shall enter into Provider Agreements with all Participating Providers which agreements shall be in a form as may be acceptable to and approved by Grantee.

6.0 The BA shall collaborate with and provide information, expertise, and support to Grantee, the Planning Council and other advisory bodies as requested by the Grantee to facilitate the identification, assessment, and prioritization of client and service delivery needs, strategic planning, the determination of program eligibility standards and operating procedures, and the evaluation of program effectiveness in meeting the needs of the Eligible Clients and people living with HIV.

*Services and funds provided under this RFP may not be used for the following: 1) to supplant local or state funds; 2) to make cash payments to intended recipients of services; 3) for acquisition of real property, building construction, alterations, renovations, or other capital improvements, and 4) to duplicate services already available to intended recipients of services.*

**Qualifications:** The types of entities eligible to receive funds include, but are not limited to: Community-based Organizations, Hospitals, Health Care Facilities, Ambulatory Care Facilities, Homeless Service Centers, Public Health Departments and Drug Treatment Centers. A for-profit entity is eligible to apply for these funds only if a not-for-profit organization is not able or willing to provide the quality HIV related service(s). Eligible applicants must demonstrate capacity/expertise to successfully meet service category objectives. Applicants must have mechanisms in place to ensure “payer of last resort”.

Applicants must have the ability to provide claim processing/payment and invoicing, data reporting and data management, coordination of benefits, quality management services, capacity development, fiscal intermediary services, formulary management, and communicate regularly with the Grants Administration.

**Evaluation Criteria:** Proposal submissions will be evaluated and selection based on the responses received to the project abstract and program narrative.

### **III. PROJECT ABSTRACT (Maximum of two (2) single-spaced pages)**

The proposal must include a project abstract. The abstract can be a maximum of two single-spaced pages and should be an overview of the proposal. The abstract should include:

- A. Name and brief description of the applicant organization.
- B. A brief description of your organization’s existing programs or services designed to serve minorities living with HIV.
- C. A summary of the proposed program ability to attain the overarching objectives and budget request.

### **IV. PROGRAM NARRATIVE (Maximum of 22 double-spaced pages)**

The program narrative should be a minimum of ten pages and a maximum of 22 1.5 inch or double-spaced typewritten pages numbered consecutively. Applicants must respond to each of the required narrative proposal components (IV. A through F). The order of the responses must follow exactly the order provided below. The Applicant’s primary response should be included in the body or text of the submitted proposal. The response to proposal components may not consist solely of references to attached materials. This is not to say that Applicants may not attach documentation or material to demonstrate capacity or prior projects, but the response must not consist exclusively of attached material and must include the Implementation plan (Attachment A).

#### **A. Capability of the Applicant (10 Points)**

- Describe the agency’s overall mission and scope of services, including hours of operation. Program descriptions may be appended.
- Briefly describe experience in providing the type of service requested in the RFP.
- Briefly describe the numbers, sociodemographic characteristics, and geographic distribution of the persons served previously in your programs.
- Describe the organization’s process to train/orient staff and strategies to prevent staff attrition.
- If applicable, describe the process by which you apply your sliding fee scale, if any, including how decisions are made to waive the requirements.

- Describe the agency's capability for collecting and reporting client data through computer-based programs.

**B. Target Population (10 Points)**

- Describe your organization's experience working with the St. Louis TGA PLWH/A population.
- Describe how your organization will assess each service category need of the PLWH/A population.
- Identify unmet needs and barriers for carrying out this service in the St. Louis TGA. Describe how your organization will address unmet needs and barriers and provide services to the region.

**C. Service Delivery (30 Points)**

- Describe the service(s) to be offered through the funding from this RFP. As part of this response, include how your organization will ensure compliance with the Contractor Qualifications stated in Section II.
- Describe the geographic location of the proposed service(s), days and hours when service(s) will be provided. Explain how you will provide services to eligible clients throughout the TGA.
- Describe the management and staffing plan of your organization and how the requested service fits into your organizational structure. Include how many FTE(s) are requested. Provide a description of staff skills and their experience in providing services to people living with HIV/AIDS. Include an organizational chart and resumes of key staff as attachments.
- Please outline the key steps to be taken to begin providing the requested services. Include the activity, the anticipated start/end date and the personnel assigned to the activity.
- Describe the referral process to receive service(s) and coordinate with a network of providers to carry out services in the TGA.
- Briefly describe how your organization will ensure sub-contractor compliance. Clearly explain how you will document adherence to the standards as well as ensure proper data collection/management.
- Describe your ability to maintain a client-level database that can collect data and generate reports. Including adding additional elements as needed to data reports as requested by the Grants Administration.
- Describe your ability to ensure confidentiality, ensure who has access, and the ability to coordinate with other databases.
- Describe your database ability to screen for client eligibility, types of reports that can be generated, and what client information can be captured.

**D. Client Eligibility/ Payor of Last Resort (15 Points)**

Your proposal must demonstrate the impact of how your organization has and plans to continue to respond to the following critical issues relative to:

**Financing of HIV/AIDS care**

- Describe the process for initial and ongoing determination of client eligibility for services. In particular, address how your agency determines that TGA funds are being used as payer of last resort and that all other payment sources for a client have been applied for accessed and/or exhausted.

- Funds may not be used to provide items or services for which payment already has been made, or reasonably can be expected to be made, by third-party payers, including Medicaid, Medicare, and/or other State or local entitlement programs, prepaid health plans, or private insurance.
- Describe your experience in claims processing and describe the system that will be used.

#### **Cultural and Linguistic Capacity**

- Describe how service(s) will be culturally and linguistically appropriate. Include languages in which your agency is able to provide services. Describe how you will communicate with non-English speaking clients. Address ways to reduce issues with stigma, phobia and denial.

#### **Access to and maintenance in primary care**

- Demonstrate how your organization is in a position to reach clients in need of services, and meet the unique needs of PLWH/A and aware of their status. Include strategies to engage and retain clients in the Ryan White continuum of care.

### **E. Collaboration and Coordination (15 Points)**

See Attachment C for definitions of collaboration and coordination to guide your responses on collaborative efforts.

#### **Description of involvement in systems of HIV care and support within the TGA**

- Identify existing HIV systems of care and support services in which your organization actively participates. Describe the role of your organization in these systems and methods of participation.
- Describe your ability to collaborate with other funding sources and services.

#### **Description of plans to coordinate with other providers**

- Describe your plan to integrate and/or coordinate the delivery of service with other HIV services and providers. If relationships already exist, please explain their benefit in carrying out the services of this RFP.
- Describe the linkage and/or cooperative agreements which place your organization in a position to accept referrals to your program, obtain outcome measures from care providers to document progress in meeting outcome objectives, and the feedback to case management regarding client access to services.
- Describe your plan to recruit new providers in the TGA and ensure they align with the approved standards of care.

### **F. Quality Improvement and Evaluation (10 Points)**

- Describe the agency's quality management program; including plans to evaluate, monitor and adjust delivery of program services to ensure quality services provided to PLWH/A.
- Describe how you agency will report quality assurance.
- Provide all service category services outcome indicators to be used and how they will be assessed.
- Describe the staff involved in the quality improvement process.
- Explain how PLWH/A will be included in the quality improvement process. Plans should include a client satisfaction survey.
- Describe your capability to ensure collecting and reporting on Quality Improvement,

and client utilization.

NOTE: All Ryan White Part A providers are required to have a functioning Quality Management Program and participate in TGA wide quality efforts.

### **Implementation Plan**

- Explain how you will track and report on the approved Implementation Plan for the services provided under this RFP.

## **V. BUDGET AND FINANCIAL DATA (10 points)**

### **A. Budget Narrative and Budget**

1. Develop and submit the service category budget that includes at a minimum the budget lines listed below. A budget narrative for each budget line should be included ensuring the level of detail required by the type of item funded. In developing your budget, keep in mind that administrative costs may not exceed 7% of the total direct service charges to the contract. The components of administrative costs must also be explained in the narrative. Quality Management costs should be clearly identified and explained.

*Personnel Costs:* Personnel costs should be explained by listing each staff member who will be supported from funds, their name (if possible), position title, percent full-time equivalency, and annual salary.

*Fringe Benefits:* List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, and tuition reimbursement.

*Travel:* Travel costs should be broken out based on whether they are local or long distance. For local travel, the mileage rate, number of miles, reason for travel (e.g., staff training, client visits, etc), and staff members/others completing the travel should be outlined. Long distance travel is limited to HRSA-sponsored meetings.

*Equipment:* List equipment costs and describe why they are needed to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment

*Supplies:* List items the project will use, and be sure to separate office supplies from medical and educational purchases. Office supplies include paper, pens, and the like. Medical supplies include syringes, blood tubes, plastic gloves, etc. Educational supplies would include pamphlets and educational videotapes, for example.

*Subcontracts:* Sub-contracts are not required as part of the application submission.

*Other:* All costs that do not fit into the previous categories should be classified under "other."

*Administrative:* Allowable administrative costs as defined by HRSA include usual and recognized overhead activities, including rent, utilities, and facility costs; costs of

management oversight of specific programs funded under this title, including program coordination; clerical, financial, and management staff not directly related to patient care; program evaluation; liability insurance; audits; computer hardware/software not directly related to patient care.

**B. Financial Information**

Provide the following financial documents:

- a. A copy of your program/organization budget for the most recent fiscal year.
- b. A summary of your current 2016 contracts, including the funding sources.
- c. A list of outside funds applied for to provide partial support for the proposed project and the status of those applications.
- d. Listing of governing body members and officers, as applicable.
- e. Most recent audited financial report. Report must be from within the previous three years.
- f. Include your agency's most recent financial statements.
- g. Not for Profit organizations should attach evidence of 501 (c) 3 status which includes the following documents:
  - IRS Tax Determination Letter
  - Articles of Incorporation

**VI. OTHER REQUIREMENTS**

**Other Requirements:**

- h. **National Monitoring Standards:** The successful bidder must have full knowledge of and remain in compliance with HRSA's Ryan White HIV/AIDS Program Part A and B National Monitoring Standards, including all sub-grantee responsibilities outlined therein (<http://www.hab.hrsa.gov/manageyourgrant/granteebasics.html>).
- i. The successful bidder must obtain and maintain a current business license and pay all applicable taxes to the City of St. Louis.
- j. **M/W/DBE Participation:** It is the policy of the City of St. Louis to address the effects of identified discrimination against minority business enterprises and women's business enterprises within its jurisdiction. Contractual services shall be allocated according to the policy. The method that the city shall employ to implement that policy is the establishment of a goal of at least 25% minority business enterprise participation and at least 5% women's business enterprises participation in contracts and purchases wherein City funds are collected or expended. Please provide information on minority and women enterprise participation in your company.

- k. **Living Wage Requirements:** Bidders [Proponents] are hereby advised that the St. Louis Living Wage Ordinance #65597 and associated Regulations apply to the service [concession] [lease] [City Financial Assistance] for which [bids] [proposals] are being sought herein. This Ordinance requires that, unless specific exemptions apply, all individuals who perform work pursuant to a contract executed between the successful [bidder] [proponent] and the City [Agency] must be paid a minimum of the applicable Living Wage rates set forth in the attached Living Wage Bulletin (Attachment B), and, if the rates are adjusted during the term of the contract pursuant to the Ordinance., applicable rates after such adjustment is made. Each bidder [proponent] must submit the attached “Living Wage Acknowledgement and Acceptance Declaration” (Attachment B) with the bid [proposal] will result in rejection of the bid [proposal]. A successful bidder’s [proponent’s] failure to comply with contract provisions related to the Living Wage Ordinance may result in termination of the contract and the imposition of additional penalties as set forth in the Ordinance and Regulations.

Copies of the Ordinance and Regulations are available upon request from The Department of Health, or can be accessed at <http://www.stlouiscity.com/livingwage>. A copy of the Living Wage Bulletin now in effect is attached.

## **VII. EVALUATION CRITERIA**

The RFP will undergo the following evaluation process. The Grants Administration Office, in association with an independent review panel, will evaluate the proposal using the above criteria and provide recommendations to the Grantee and the Professional Service Agreement Committee (PSA), established under City of St. Louis Ordinance 64102. The PSA Committee will evaluate and make selection based on the responses received to the project abstract, program narrative and budget. The total points possible are 100, awarded as follows:

Capability of the Applicant	10 Points
Target Population	10 Points
Service Delivery	30 Points
Critical Service Delivery Issues	15 points
Collaboration and Coordination	15 Points
Quality Improvement & Evaluation	10 Points
Budget and Financial Data	10 Points
Total	100 Points

## **VIII. RFP TERMS**

- A. The City reserves and may exercise one or more of the following rights and options regarding this RFP:
- To reject any and all bids, to seek additional bids, to enter into negotiations and subsequently contract with more than one Bidder at any time during the process.
  - To evaluate separately the individual components of each bid such as any proposed subsystem, product or service, and to contract with such Bidder for any individual component.

- To cancel or withdraw this RFP without the substitution of another RFP or alter the terms and conditions of this RFP.
- To modify specific terms and conditions in this document prior to execution.
- The City reserves the right to renew the contract for an additional one year term for up to four consecutive years.

**B. Contents of Proposals:** All materials submitted in accordance with this RFP will become and remains the property of the City and will not be returned. All Proposals shall be considered public records, but may be deemed and treated as closed or exempt by the City Counselor's Office, at the sole discretion of the City Counselor's Office, pursuant to the City's understanding and interpretation of the laws of the State of Missouri. All Proposal material may be treated as open records. The City cannot guarantee confidentiality of any materials during the evaluation process or at any other time. Thus, Proposals and communications exchanged in response to this RFP should be assumed to be subject to public disclosure.



## APPLICATION COVER SHEET

APPLICANT INFORMATION																			
1) <b>LEGAL NAME:</b>																			
2) <b>MAILING Address Information</b> (include mailing address, street, city, county, state and zip code): <span style="float: right;">Check if address change <input type="checkbox"/></span>																			
3) <b>PAYEE Mailing Address</b> (if different from above): <span style="float: right;">Check if address change <input type="checkbox"/></span>																			
4) <b>Federal Tax ID No.:</b>																			
5) <b>TYPE OF ENTITY</b> (check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> FQHC</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td></td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC	<input type="checkbox"/> Other Political Subdivision		<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private			<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual																	
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC																	
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<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital																	
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private																	
		<input type="checkbox"/> Other (specify): _____																	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																			
6) <b>PROPOSED BUDGET PERIOD:</b> <span style="margin-left: 50px;"><b>Start Date:</b></span> <span style="float: right;"><b>End Date:</b></span>																			
7) <b>COUNTIES SERVED BY PROJECT:</b>																			
8) <b>AMOUNT OF FUNDING REQUESTED:</b> <hr/> 9) <b>PROJECTED EXPENDITURES</b> Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? **  Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	10) <b>PROJECT CONTACT PERSON</b> Name: Phone: Fax: E-mail: <hr/> 11) <b>FINANCIAL OFFICER</b> Name: Phone: Fax: E-mail:																		
The facts affirmed by me in this proposal are truthful and I understand that the truthfulness of the facts affirmed herein are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.																			
12) <b>AUTHORIZED REPRESENTATIVE</b> <span style="float: right;">Check if change <input type="checkbox"/></span>  Name: Title: Phone: Fax: E-mail:	13) <b>SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>  <hr/> 14) <b>DATE</b>																		

## APPLICATION CHECKLIST

Please review and enclose this checklist to ensure that your application is complete. Applications that do not contain a copy of each of the items below will be considered incomplete and will not be reviewed. The inclusion of letters of support and any other requested documentation is strongly suggested.

Application Cover Sheet \_\_\_\_\_

III. Project Abstract \_\_\_\_\_

IV. Program Narrative \_\_\_\_\_

A. **Capability of Applicant**

Services/Experience \_\_\_\_\_  
Service Population Demographics \_\_\_\_\_  
Staff Training/Orientation \_\_\_\_\_  
IT Capabilities \_\_\_\_\_

B. **Target Population**

Experience with PLWH/A \_\_\_\_\_  
Assessment of Needs \_\_\_\_\_  
Gaps/Barriers \_\_\_\_\_

C. **Service Delivery**

Service Description \_\_\_\_\_  
Management/Staffing Plan \_\_\_\_\_  
(Attach organizational chart and resumes of key staff.)  
Referral Process \_\_\_\_\_  
Standards of Care \_\_\_\_\_

D. **Client Eligibility/ Payor of Last Resort**

Financing HIV/AIDS Care \_\_\_\_\_  
Cultural and Linguistic Competency \_\_\_\_\_  
Access and Maintenance in Care \_\_\_\_\_

E. **Collaboration & Coordination**

HIV Care Involvement \_\_\_\_\_  
Coordination \_\_\_\_\_  
*Service Integration/Letters of Support/Memorandums of Understanding/Contracts/  
Letters of Intent - (May be included as attachment(s))*

F. **Quality Improvement and Evaluation**

Quality Management Program \_\_\_\_\_  
Implementation Plan \_\_\_\_\_  
Evaluation Plan \_\_\_\_\_

**V. Budget and Financial Data**

**Budget Narrative and Budget**

1. Budget and Narrative \_\_\_\_\_
2. **Financial Information (Attachments)**
  - a. Organization's Budget \_\_\_\_\_
  - b. Contracts-Sources (2011/2012) \_\_\_\_\_
  - c. Outside Funding \_\_\_\_\_
  - d. Listing of Board Members \_\_\_\_\_
  - e. Current financial report \_\_\_\_\_
  - f. If applicable, 501(c) 3 \_\_\_\_\_

**VI. Other Requirements**

- a. Current business license \_\_\_\_\_
- b. Statement of M/W/DBE  
Participation \_\_\_\_\_
- c. Living Wage Declaration Form \_\_\_\_\_

**PROPOSAL ATTACHMENTS**

- **Organizational Chart**
- **Resumes and Job Descriptions of Key Staff** (Include for All staff positions that will be financially supported by this grant if awarded)
- **Letters of Support/Memorandums of Understanding/Contracts/Letters of Intent**
- **Financial Information** (as stated in Section V.)
- **Other Requirements Documentation** (as stated in Section VI.)

## **Attachment A: Implementation Plan**

Please complete the following table for the defined service goal and objective(s) indicating the number of persons to be served, the units of service to be delivered, the estimated cost to meet the objective, and the tasks and activities to be used to accomplish the defined goal and objective(s). Then, complete an additional table for at least one other proposed service goal with at least one objective.

*NOTE: The selected provider will work with Grants Administration and Planning Council to finalize program outcomes and objectives in accordance with the St. Louis TGA Ryan White Part A Implementation Plans.*

***2016 Implementation Plan and 2017 Service Category Plan will be provided during Pre-Bidder's Conference***

## Attachment B: Living Wage Ordinance, Bulletin and Acknowledgement

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### ST. LOUIS LIVING WAGE ORDINANCE

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**LIVING WAGE COMPLIANCE PROVISIONS:** This contract [agreement] is subject to the St. Louis Living Wage Ordinance 65597 and the Regulations associated therewith, copies of which are attached hereto and incorporated herein by this reference. The Ordinance and Regulations require the following compliance measures, and Contractor hereby agrees to comply with these measures:

1. **Minimum Compensation:** Contractor hereby agrees to pay an initial hourly wage to each employee performing services related to this contract [agreement] in an amount no less than the amount stated on the attached Living Wage Bulletin. The initial rate shall be adjusted each year no later than April 1, and Contractor hereby agrees to adjust the initial hourly rate to the adjusted rate specified in the Bulletin at the time the Bulletin is issued.
2. **Notification:** Contractor shall provide the Living Wage Bulletin to all employees, together with a “Notice of Coverage”, in English, Spanish, and other languages spoken by a significant number of the Contractor’s employees within thirty (30) days of contract execution for existing employees and within thirty (30) days of employment for new employees.
3. **Posting:** Contractor shall post the Living Wage Bulletin, together with a “Notice of Coverage”, in English, Spanish, and other languages spoken by a significant number of the Contractor’s employees, in a prominent place in a communal area of each worksite covered by the Contract.
4. **Subcontractors—Service Contracts:** Contractor hereby agrees to require Subcontractors, as defined in the Regulations, to comply with the requirements of the Living Wage Regulations, and hereby agrees to be responsible for the compliance of such Subcontractors. Contractor shall include these Living Wage Compliance Provisions in any contract with such Subcontractors.]
5. **Term of Compliance—Service Contracts:** Contractor hereby agrees to comply with these Living Wage Compliance Provisions and with the Regulations for as long as work related to this contract is being performed by Contractor’s employees, and to submit the reports required by the Regulations for each calendar year or portion thereof during which such work is performed.]
6. **Reporting:** Contractor shall provide the Annual Reports and attachments required by the Ordinance and Regulations.
7. **Penalties:** Contractor acknowledges and agrees that failure to comply with any provision of the Ordinance and/or Regulations and/or providing false information may result in the imposition of penalties specified in the Ordinance and/or Regulations, which penalties, as provided in the Ordinance and Regulations, may include, without limitation, per order of the City Compliance Official, the following:
  - Suspension and/or termination of the contract, subcontract, lease, concession agreement or financial assistance agreement by the City.
  - Forfeiture and repayment of any or all of the financial assistance awarded by the City of St. Louis.
  - Barring the Contractor or CFAR from eligibility for future City contracts and/or financial assistance until all ordered relief has been made or paid in full.
  - Liquidated damages payable to the City of St. Louis in the amount of \$500 for each week, or part thereof, that an employee has not been provided wages and benefits in accordance with the Living Wage Ordinance. Each weekly violation shall constitute a separate violation of the Ordinance and must be demonstrated separately.

## **LIVING WAGE ADJUSTMENT BULLETIN**

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### **ST. LOUIS LIVING WAGE ORDINANCE**

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#### **NOTICE OF ST. LOUIS LIVING WAGE RATES EFFECTIVE APRIL 1, 2016**

In accordance with Ordinance No. 65597, the St. Louis Living Wage Ordinance (“Ordinance”) and the Regulations associated therewith, the City Compliance Official for the City of St. Louis has determined that the following living wage rates are now in effect for employees of covered contracts:

- 1) Where health benefits as defined in the Ordinance are provided to the employee, the living wage rate is **\$12.60** per hour (130% of the federal poverty level income guideline for a family of three); and
- 2) Where health benefits as defined in the Ordinance are not provided to the employee, the living wage rate is **\$16.87** per hour (130% of the federal poverty level income guideline for a family of three, plus fringe benefit rates as defined in the Ordinance).
- 3) Fringe benefit rate defined under Chapter 6.20 of the Revised Code of the City of St. Louis: **\$4.27** per hour.

These rates are based upon federal poverty level income guidelines as defined in the Ordinance and are effective as of **April 1, 2016**. These rates will be further adjusted periodically when the federal poverty level income guideline is adjusted by the U.S. Department of Health & Human Services, or pursuant to Chapter 6.20 of the Revised Code of the City of St. Louis.

The Ordinance applies to employers who are covered by the Ordinance as defined in the Ordinance, where the contract or grant is entered into or renewed after the effective date of the Ordinance, which is November 3, 2002. A copy of the Ordinance may be viewed online at <https://www.stlouis-mo.gov/government/city-laws/ordinances/ordinance.cfm?%20ord=65597> or obtained from:

**City of St. Louis Living Wage Program Office  
St. Louis, Missouri  
(314) 426-8106**

Dated: February 5, 2016

## Living Wage Acknowledgement

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### ST. LOUIS LIVING WAGE ORDINANCE

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#### **LIVING WAGE ACKNOWLEDGMENT AND ACCEPTANCE DECLARATION**

(To be completed by each respondent to a bid/proposal solicitation when that solicitation has included Living Wage Advertisement/Solicitation Language.)

**CONTRACTING AGENCY:** \_\_\_\_\_

**AGENCY CONTRACT NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PREPARED BY:** \_\_\_\_\_

**PREPARER'S TELEPHONE NUMBER:** \_\_\_\_\_

**PREPARER'S E-MAIL ADDRESS:** \_\_\_\_\_

**PREPARER'S CELL PHONE NUMBER:** \_\_\_\_\_

**PREPARER'S ADDRESS AND ZIP CODE:** \_\_\_\_\_

As the authorized representative of the above-referenced bidder or proponent, I hereby acknowledge that the bidder/proponent understands that the contract or agreement that will be executed with a successful bidder/proponent pursuant to this solicitation is subject to the St. Louis Living Wage #65597 and the Regulations associated therewith. The bidder/proponent hereby agrees to comply with the Ordinance and the associated Regulations if awarded a contract pursuant to this solicitation. I am authorized to make the above representations on behalf of the bidder or proponent.

#### **AUTHORIZED REPRESENTATIVE CERTIFICATION:**

\_\_\_\_\_ (Signature)

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_